

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2003

Re: IRO Case # M2-03-0758

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 48-year-old male who on ___ injured various parts of his body when he was stepping out of a truck unloading trash. He sustained a fracture of his right heel and developed back and neck pain, originally diagnosed as cervical and lumbar strain. The patient was treated with physical therapy and various medications for back and neck pain, and the right heel fracture, including epidural steroid injections in the cervical and lumbar regions, but his pain has persisted, with extension into both upper and lower extremities at times. An MRI on 7/25/02 of the lumbar spine showed chronic changes only, without specific evidence to suggest nerve root compression. An MRI of the thoracic spine was normal. An MRI of the cervical spine showed difficulty at the 3-4, 4-5 and 5-6 levels, with the 5-6 level suggesting spinal cord impingement, a bit greater than at the 3-4 level. Discography on 11/26/02 showed concordant pain at the 3-4 level only, with the L5-S1

level appearing normal. This was despite EMG findings showing that the L5-S1 level was the main area of radiculopathy. Also, the radiculopathy shown on the EMG of the upper extremities suggested bilateral C-7 radiculopathy, which did not correspond to the findings on MRI.

Requested Service

Anterior cervical decompression fusion at C4-5, C5-6, bone graft, anterior plate of cervical area, purchase of bone growth stimulator and outpatient lumbar IDET procedure

Decision

I agree with the carrier's decision to deny the requested treatments.

Rationale

The EMG reports do not correspond to the MRI in either the cervical or lumbar spine. There were no neurologic findings in the documents presented for this review suggestive of myelopathy, which would be the major concern, considering the MRI reports of the cervical spine. The discographic evaluation showed the L5-S1 level to be the only level that was really normal, but it was the only area suggestive of having difficulty on the electrodiagnostic testing. There is not in any of the reports presented a physical finding on neurologic examination to suggest exactly what area might be involved. As far as the pathology that the MRI suggests is potentially present, observation only is indicated at this time. Many MRIs in the cervical region suggest trouble that does not require surgery when there is nothing on physical examination to suggest difficulty in the cervical spinal cord.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 6th day of May 2003.